

215051484  
73066

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 179	Agency Case No. B5-113688	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	12/08/2015		(In Military Time) TIME OF ACCIDENT 1430		STATE USE ONLY  12/08/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1430	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Old Cheney Road			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.		
D	IF AT INTERSECTION						IF NOT AT INTERSECTION
2	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN						
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?		
E	1					<input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	DRIVER LICENSE NO.	H13684559			STATE (Of License)	NE	
V1/N	DRIVER	MICHAUN N BOGUS			PHONE	402-910-1704	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP 6710 BERNESE BLVD, LINCOLN, NE 68516			DATE OF BIRTH (MM / DD / YYYY)	10/17/1998	
G	OWNER	CHRISTOPHER W BOGUS			PHONE	402-910-1704	
4	OWNER ADDRESS	CITY, STATE, ZIP 6710 Bernese Blvd, Lincoln, NE 68506			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB494981	
H	LICENSE PLATE	PA NO.	TMK394	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
3	2006	KIA	Spectra	4 door Sedan	bronze	<input checked="" type="radio"/> TOALED \$	
V2/O	VEHICLE ID NO. (VIN)	KNAFE121665293015			INSURANCE COMPANY	Farmers Insurance	
3	TOWED TO	TOWED BY			POLICY NO.		
3	Melichar 66 - 9th & P Street	Melichar 66			193966385		
VEHICLE NO. 2							
I	DRIVER LICENSE NO.	H13680291			STATE (Of License)	NE	
V1/P	DRIVER	WYATT A JENSEN			PHONE	402-613-0042	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP 17205 YANKEE HILL RD, BENNET, NE 68317			DATE OF BIRTH (MM / DD / YYYY)	09/08/1998	
1	OWNER	DANIEL T JENSEN			PHONE	402-450-2004	
J	OWNER ADDRESS	CITY, STATE, ZIP 17200 Yankee Hill Road, Lincoln, NE 68517			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	PM NO.	SUBROSA	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
1	1999	Dodge	Durgango	Medium/large	maroon / burg	<input checked="" type="radio"/> TOALED \$	
1	VEHICLE ID NO. (VIN)	1B4HS28Z2XF620977			INSURANCE COMPANY	USAA	
K	TOWED TO	TOWED BY			POLICY NO.		
02	101 Charleston	Capital Towing			010545405C		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
1	MICHAUN N BOGUS	6710 Bernese Blvd, Lincoln, NE 68516			10/17/1998	01 1 10 3 2 F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
	W/F 10-17-19	BryanLGH Medical Center West (Lincoln General)			Lincoln Fire & Rescue	Medic 6	
2	WYATT A JENSEN	17200 Yankee Hill Road, Lincoln, NE 68517			09/08/1998	01 1 10 4 1 M	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
	W/M 09-08-19						
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-113688**



Indicate  
North  
by Arrow

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 indicated she was WB on Old Cheney at S. 40th in the left turn lane. D1 indicated she was in the intersection when the light changed to yellow. D1 indicated she looked, thought it was clear & began to make the left turn when she was struck by V2. D2 indicated he was EB on Old Cheney in the center lane at an estimated speed of 40-45mph approaching S. 40th. D2 indicated that the light turned yellow as he was entering the cross walk area. D2 indicated that V1 turned in front of him and the collision occurred. D3 indicated she was NB on S. 40th St in the right turn lane stopped at a red light when V1/2 collided. The impact forced V2 into V3. W1 was WB on Old Cheney behind V1. W1 indicated that the light turned yellow & then red. W1 indicated V1 began to make the left turn to clear the intersection when she was struck by V2. W2 was behind V3 but could not say what color the traffic lights were at the time of the accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS Vicky Drozd 7207 South 42nd Street, Lincoln, NE 68516				PHONE 402-239-1818
	NAME ADDRESS Lindsey Sanny 8930 DelRio Drive, Lincoln, NE 68516				PHONE 402-450-1901

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2		
1				X	Old Cheney Ro		POINT OF IMPACT	01	POINT OF IMPACT	08	1		1		
2		X			Old Cheney R		POINT OF IMPACT	01	POINT OF IMPACT	08	2		1		
1	06	06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	01	1		1		1	
2	01	08 Entering traffic lane				MOST DAMAGED AREA	01	MOST DAMAGED AREA	01	2		1		1	
01 Essentially straight ahead						02 Backing						03 Changing lanes			
02 Backing						03 Changing lanes						04 Overtaking/Passing			
03 Changing lanes						04 Overtaking/Passing						05 Turning right			
04 Overtaking/Passing						05 Turning right						06 Turning left			
05 Turning right						06 Turning left						07 Making U-turn			
06 Turning left						07 Making U-turn						08 Entering traffic lane			
07 Making U-turn						08 Entering traffic lane						09 Leaving traffic lane			
08 Entering traffic lane						09 Leaving traffic lane						10 Parked			
09 Leaving traffic lane						10 Parked						11 Slowing or stopped in traffic			
10 Parked						11 Slowing or stopped in traffic						12 Other			
11 Slowing or stopped in traffic						12 Other						13 Unknown			
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215051484  
73066

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District 179

Agency  
Case No. B5-113688

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

12/08/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Old Cheney Road

VEH. #	VEHICLE NO. 3										VEH. #	
3	DRIVER LICENSE NO.		H12819935				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3
M	DRIVER MEAGAN R FREY						PHONE		712-899-7157		LOCAL NO.	1.
N	DRIVER ADDRESS 5201 ENGLISH DR, LINCOLN, NE 68516						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		12/12/1985	2.
O	OWNER MEAGAN R FREY / KEVIN FREY						PHONE		712-899-7157		LOCAL NO.	3.
P	OWNER ADDRESS 5201 English Drive, Lincoln, NE 68516						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	4.
Q	LICENSE PLATE PA NO.		SBZ244		YEAR (Plate Expires)		2016		STATE (Of Plate)		NE	5.
1	VEHICLE		2008		MAKE		Pontiac		MODEL		G6	6.
1	VEHICLE ID NO. (VIN)		1G2ZH57N084182323				COLOR		gray		ESTIMATED DAMAGE	18
	TOWED TO		101 Charleston				TOWED BY		Capital Towing		POLICY NO.	40
											084 3050-F27-27A	

VEH. #	VEHICLE NO. 4										VEH. #	
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4
M	DRIVER						PHONE				LOCAL NO.	1.
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.
O	OWNER						PHONE				LOCAL NO.	3.
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.
	VEHICLE				MAKE				MODEL			6.
	VEHICLE ID NO. (VIN)						COLOR				ESTIMATED DAMAGE	
	TOWED TO						TOWED BY				POLICY NO.	

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 3 1 VEH 4						
3	X				South 40th Stre				VEHICLE 3				VEHICLE 4						
4									POINT OF IMPACT				VEHICLE 3						
3	11				06 Turning left				MOST DAMAGED AREA				VEHICLE 3						
4					07 Making U-turn				08				VEHICLE 4						
					08 Entering traffic lane				08				VEHICLE 3						
					09 Leaving traffic lane				08				VEHICLE 4						
					10 Parked				08				VEHICLE 3						
					11 Slowing or stopped in traffic				08				VEHICLE 4						
					12 Other				08				VEHICLE 3						
					13 Unknown				08				VEHICLE 4						

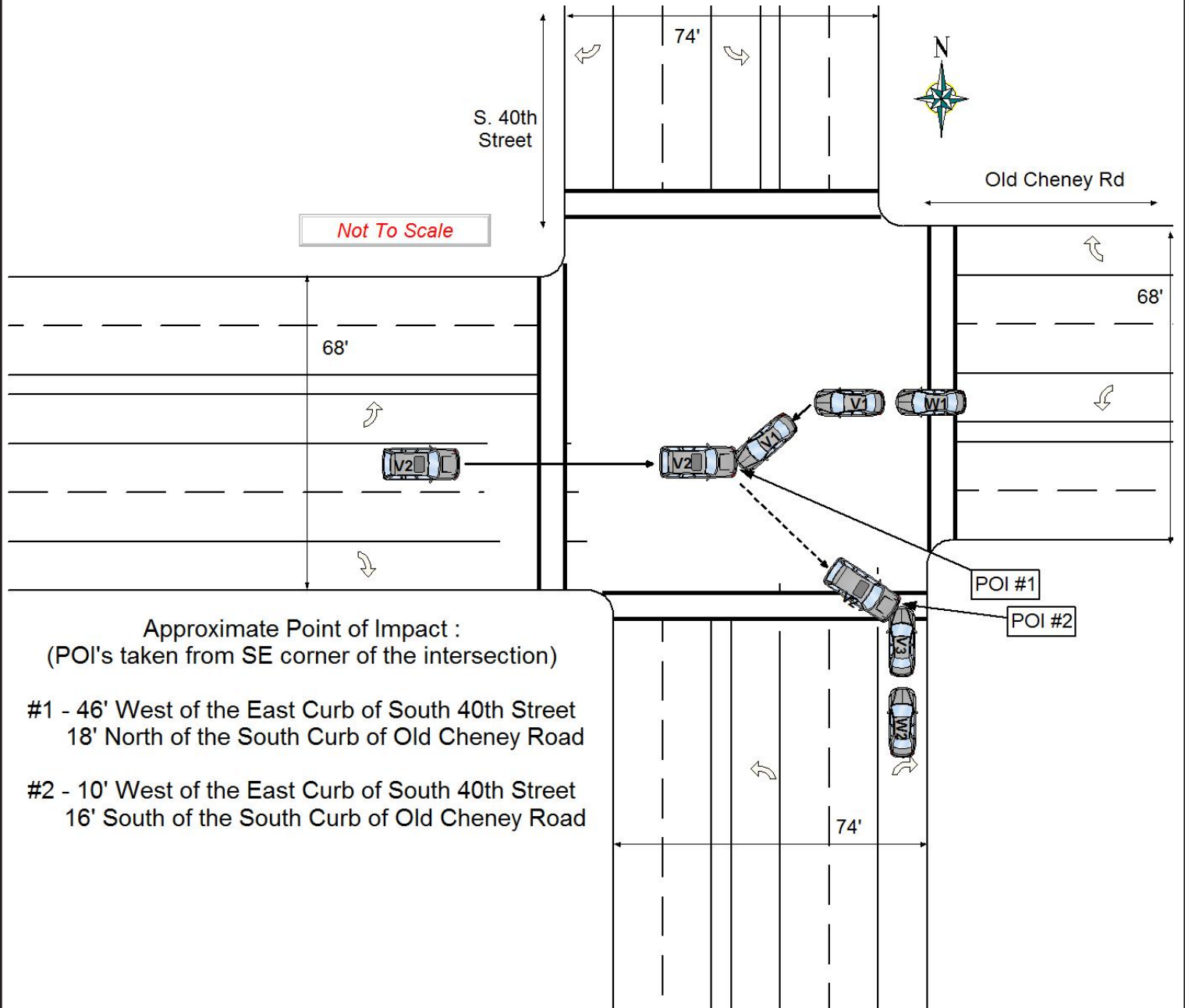
Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F				
VEH. #	NAME				ADDRESS											
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME				ADDRESS											
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME				ADDRESS											
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.					

**ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT**

AGENCY CASE NO.  
**B5-113688**



Indicate  
North  
by Arrow



<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. <b>763</b>		TROOP/ TEAM/ BEAT <b>5</b>	DEPARTMENT <b>Lincoln Police Department</b>		
INVESTIGATOR NAME (Print or Type) <b>Brian Hoefer</b>			INVESTIGATOR SIGNATURE <b>Approved by Officer Brian Hoefer</b>		DATE OF REPORT <b>12/08/2015</b>